

EXHIBIT "B"

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

DANIEL ARMENDARIZ #313909)
PLAINTIFF,)
V.)
COMMISSIONER DUNN, et al.,)
DEFENDANTS,)
)CIVIL ACTION NO.
)2:19-CV1046-WHA

DECLARATION

I Jory Wood AIS# 238650
HEREBY DECLARE:

THAT I WAS IN A HOLDING CELL NEXT TO THE SHIFT OFFICE WHEN A PRISONER WAS BROUGHT IN FOR MULTIPLE STABB WOUNDS. I LATER FOUND OUT HIS NAME WAS DANIEL ARMENDARIZ WHEN HE WAS BROUGHT BACK FROM THE HOSPITAL AND PUT IN THE SAME DORM I WAS IN. I COULD TELL HE WAS HURTING AND HAVING TROUBLE BREATHING. LT. DAVIS KEPT TELLING ~~HOM~~ NOT TO GET BLOOD ~~EVER~~YWHERE. ON TWO SERERATE OCCASIONS AN OFFICER ASKED HIM TO SIGHN A LIVING AGREEMENT AND HE ALSO ASKED HIM TO FILL OUT AN INCIDENT REPORT THE TIME WAS IN BETWEEN 4:00pm AND 5:00pm BECAUSE THEY WERE HAVING PILL CALL AND IT STARTS AT 4:00pm IT TOOK OVER THIRTY MINUTES TO TRANSPORT US TO STATON CORRECTIONAL FACILITY FOR MEDICAL ATTENTION. WE WERE SEEN BY TWO NURSES THAT WORK FOR WEXFORD HEALTH SOURCES INC. AFTER ABOUT THIRTY MINUTES HE STARTED VOMMITING A LITTLE WHILE AFTER HE WAS TRANSPORTED TO JACKSON HOBITAL.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE EXECUTED AT ELMORE ALABAMA ON THE 25th DAY OF March, 2020

Jory Wood
SIGNATURE

Jory Wood
PRINT NAME



Progress Note

COMPLETE BOTH SIDES BEFORE USING ANOTHER SHEET

Rev. 4/1/2018 Wexford Health Sources PROPRIETARY and CONFIDENTIAL

Alabama Department of Corrections
Inmate Body Chart Documentation Form

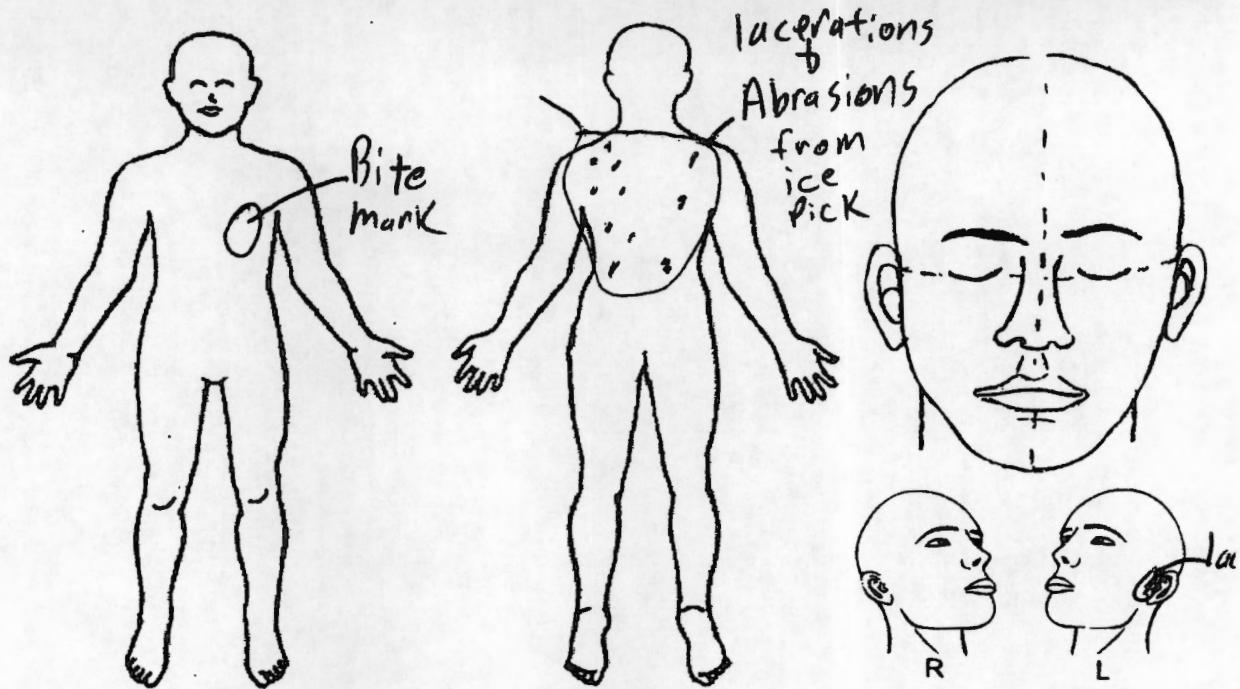
Institution: Elmore

Date: 8/3/18 Time: 1735

Individual Requesting Body Chart (print name): Carstenphen Title:

Inmate statement:

"Another Inmate Stabbed me"



Description of markings:

Laceration noted to (L) ear, Abrasions to Small indentations
Noted throughout Back area. No other complaints noted
at this time.

Check below:

*NET additionally completed and filed in the inmate health record.

*Special Health Needs Communication Form completed and distributed, as necessary.

Health Professional (signature): P. R. Muniz L.R.N

Date: 8/3/18 Time: 1735

Inmate Name: Armendariz, Daniel

AIS #: 313909

DOB:



Medical Director QA Emergency Reporting Form

FAX: 412 539-0415 or E-mail: AL_UMFaxes@wexfordhealth.com

| | | | |
|-------------------------------------|-----------|-----------------------|------------------|
| Inmate Name: | Armenariz | Date/Time Sent Out: | 8/3/18 |
| Facility Name: | Staten | ED Hospital Location: | Jackson Hospital |
| DOC#: | 3139009 | DOB: | |
| Referring Site Physician Signature: | | | |

RMD Notified of non 911:

Emergency Medical HX:

Possible lung puncture

Referring site physician location: Off Site On Site
 Transportation: Ambulance Air State Vehicle

PMHX/PSHX/MEDS/ALLERGIES/SH:

NKA

Trauma condition result of: Altercation Sports
 Work N/A

Physical Exam w/vitals:

On-Site Interventions and Patient Response:

Assessment, Call MD

T: 97.6 BP: 169/10 HR: 102 RR: 22 Pulse Ox: 94

Reason sent to ED: X-Rays for possible lung puncture

RMD Notified: Date: 8/3/18 Time: 1808

ED Physician Name spoken to in follow-up: _____ED Physician Name spoken to initially: Chelsea RN

Time: _____

Time: 1836

Discussion & Plan w/ED Physician for follow-up: _____Discussion & Plan w/ED Physician initially: _____Disposition: Admit Return to Site Date and Time: _____ Transfer to: _____

***UM Director Only: ED Referral Appropriate ER Preventable - No staff available onsite to adequately eval / inappropriate medical info from Nursing staff / Insufficient site medical team clinical mgmt. capabilities / Lack of necessary or operational equipment / Sent by security/ Infirmary Capabilities / Not medically necessary / Insufficient information

Signature _____

Date _____

**Please fax the completed form to 412 539-0415 or E-mail: AL_UMFaxes@wexfordhealth.com



Emergency/Hospitalization Notification Form

Fax to 412-539-0415 or 412-937-9151

or

Email: AL_UMFaxes@wexfordhealth.com

Correctional Facility: StatonDate: 8/3/18

Reference Number:

Inmate Name: Armedariz, Daniel

SSN: [REDACTED]

Inmate Number: 313909

DOB: [REDACTED]

Advance Directives:

Referring Physician: YES NO Dr. Borwicz

Type of Service:

ER
 Direct Admit
 STAT LAB
 Other:

Admit through ER
 Hospital-to-hospital transfer
 Urgent Office

ER to Observation
 Scheduled Admission
 Urgent Radiology/X-Ray

Facility/Place of Service: Jackson HospitalAddress: Pine Street Montgomery, ALTelephone: 293-8000Treating Physician: Dr. BorwiczTransportation: Ambulance State Vehicle Other:

SPECIFIC REASON FOR EMERGENCY TREATMENT OR ADMISSION

DIAGNOSIS: Possible lung Puncture911 REFERRAL YES NOIf no, was RMD contacted? YES NODate Out: 8/3/19Time: 1830

Return Date: _____

Time: _____

Admission Date: _____

Time: _____

Transmittal Date: _____

Time: _____

By: _____

After Hours Notified: Yes No

If yes, send copy with patient to hospital.



Offender Information:

HSR#

DATE/TIME

Armenendariz Daniel

Last Name

First Name

ID#: 31396

MI

ABRASIONS and LACERATIONS

| Subjective, Objective, Assessment | | Plans |
|--|---|-------|
| S) | P) | |
| Allergies? NKA | Refer to Provider: Last toxoid was more than 5 years ago. If wound has ground in debris. If wound has uncontrolled bleeding. If signs of infection are present. For wounds covering large or deep areas or over joints. For lacerations of eyelids, lips, ears over joints on fingers. For assault wounds to head face, chest, back or abdomen. For wounds not responding to protocol treatment. For wounds which require sutures. Exchange of body fluid. If injury is self-inflicted, refer to Mental Health | |
| Cause of the injury? Stabbing related | | |
| Where did it happen? Inmate was laying Bed | | |
| Time of the injury: 1630 | | |
| Type of the object involved: Ice Pick or Pen | Nursing Intervention Cleanse with antiseptic soap. If wound is on the face use Phisoderm or equivalent and rinse with Normal Saline. Apply direct pressure with sterile compress (to control bleeding) if needed & elevate if possible. For discomfort: Acetaminophen 325 mg, 2 tablets p.o. b.i.d. p.r.n. x 3 days. Triple antibiotic ointment b.i.d. x 3 days. Dress abrasions as necessary – butterfly or steri strip if necessary. | |
| History of excessive bleeding <input checked="" type="checkbox"/> | | |
| Date of last Tetanus vaccination: Unknown | | |
| O) | Patient Teaching: Signs of infection (swelling, redness, pus, heat, streaking). Signs of impaired circulation (blanching nails, cold extremities). Safety, prevention measures. Need for follow-up referral at sick call if infection and/or impaired circulation develop. | |
| T P R BP WT 97.6 102 22 16%90 94 | | |
| Loss of consciousness/orientation None | | |
| Size/depth/location of injury: 5 mm | | |
| Contaminates/ground in debris: N/A | Follow up: Wound check in the clinic or by sick call nurse in 24 hours; thereafter, depending on severity and patient's ability to provide self-care. | |
| Bleeding/drainage/amount/character: Bright red Blood | | |
| Swelling/disfigurement <input checked="" type="checkbox"/> Loss of ROM? <input checked="" type="checkbox"/> | Multiple stab Stab wounds to Back | |
| S&S of impaired circulation? <input checked="" type="checkbox"/> | | |
| A) | | |
| Alteration in Comfort Altered Skin Integrity | | |

Signature/ Title P. Robinson LPN

ECC

Alabama Inmate Grievance

 Medical Grievance Medical Grievance Appeal

Check the appropriate above box which identifies the type of grievance you are filing. Be aware that you may not check the appeal box if you have not previously submitted a grievance for the same issue.

Daniel Armendariz 313909 C2/75B 07-26-19
NAME AIB# UNIT DATE

PART A--Inmate Grievance

This is a Request for medical records from staton and Jackson hospital pertaining to a stabbing that happen to me August of 2018. Failure to provide me with these records will result in a civil procedure to obtain These records. Thanks for your time and help in this matter.

Daniel Armendariz
INMATE SIGNATURE

PART B -RESPONSE

Good Evening,

DATE RECEIVED 7/30/19

I understand your problem, but if you need those records. You need to get your ATTORNEY to get those files.

G. Anthony Ombudsman
Department Head Signature

DATE 7/30/19

If you wish to appeal a grievance response you may file a Grievance Appeal. Return the completed form to the attention of the Health Service Administrator. You may place the form in the sick call request box or give it to the segregation sick call nurse on rounds.

MEDICAL ADMINISTRATOR USE ONLY:

Medical Dental Mental Health Other

| | |
|---|--|
| <input type="checkbox"/> I Quality of Onsite Care | <input type="checkbox"/> VI Timeliness of Specialty Care |
| <input type="checkbox"/> II Quality of Specialty Care | <input type="checkbox"/> VII Medication Issues |
| <input type="checkbox"/> III Access to Onsite Care | <input type="checkbox"/> VIII Treatment and Testing Issues |
| <input type="checkbox"/> IV Access to Specialty Care | <input type="checkbox"/> IX Care Staff Conduct |
| <input type="checkbox"/> V Timeliness of Onsite Care | <input type="checkbox"/> X Other |

07-26-19

Alabama Dept. of Corrections
Attn: Commissioner Dunn
P.O Box 30150/
Montgomery, AL 36130

RE: Grievance

Dear, Mr Dunn

My name is Daniel Armendariz #313909
I'm currently housed at Elmore Correctional
facility. Around July or August, 2018 I was
assaulted by inmate Ernest White. I was
hospitalized for two collapsed lungs and
multiple stab wounds to the back. I
wrote Internal Investigation Division for
Alabama Dept. of Corrections seeking information
regarding the incident, but I got no response.
The reason for the request was, so I could
provide all the correct facts. I'm seeking
monetary damages for the violation of my
8th Amendment Constitutional rights. I'm
seeking damages from you, Lt. Davis, Warden
Headly and the two officers on duty at the
time of the incident.

I'm writing this letter because it has come to my attention that prisoners must exhaust Administrative remedies before filing a civil action. After careful research I have come to the conclusion that Alabama Dept. of Corrections has no verbal or written Grievance procedure in place. I have took it upon myself to write this letter at the administrative level as a Grievance. Failure to respond in thirty days will be considered a denial and I will send out another letter as an appeal thanks for your time and help in this matter.

Sincerely,
Daniel Drumonday

08-28-19

Alabama Dept. of Corrections
Attn: Commissioner Dunn
P.O Box 301501
Montgomery, AL 36130

RE: Grievance Appeal

Dear, Mr. Dunn

My name is Daniel Armendariz #313909
I'm currently housed at Elmore Correctional
Facility. In July 26, 2019 I wrote a grievance
Concerning an assault seeking monetary
Damages from you, Warden Headly, Lt. Davis
and the two officers on Duty at the time
of the incident. It's been over thirty days
and have not gotten a response. This letter
is an appeal to that grievance if I do not
get a response by December I will move
forward with a civil action. Thanks for your
time and help in this matter.

sincerely,
Daniel Armendariz